

Developed by the BC Provincial Nursing Skin & Wound Committee in collaboration with NSWOCs/WCs from:



Basic Hand & Foot Nail Care: Guideline

Endorsement British Columbia & Yukon	<ul style="list-style-type: none"> • Endorsement done: Yukon • Endorsement pending: FNHA, FHA, IHA, ISLH, NHA, PHS, VCH/PHC; until endorsement has been granted by your health authority, please follow your HA's current document.
DST Indications for Use	<p>This Decision Support Tool (DST) guideline is used by nurses, along with the findings from HA's basic limb & nail assessments (lower and upper) to determine:</p> <ul style="list-style-type: none"> • An adult or child's client-specific basic hand and foot nail care plan that uses a thumb clipper and emery board. • When to refer to an FCN or the MRP. • Guidance for the nursing assignment/delegation of basic nail care to an HCA.
Nursing Practice Level	<p><u>British Columbia</u></p> <ul style="list-style-type: none"> • To provide basic nail care, RNs, RPNs, and LPNs must: <ul style="list-style-type: none"> ◦ Follow their HA/agency policy/standard that supports basic nail care practice for their designation. ◦ Have the knowledge, skill and ability to perform basic nail care. ◦ Follow the HA/agency approved nail care guideline and procedure, (e.g., this guideline and its procedure). • Basic nail care activity may be assigned or delegated, as per HA/agency policy, by a nurse, competent in basic nail care, to an HCA competent in this care activity, when there is a client-specific basic nail care plan in place for those clients without diabetes, swollen feet, skin integrity issues and/or nail integrity issues, see page 5. • Each nurse is responsible for maintaining their competency in basic nail care. <p><u>Yukon:</u></p> <ul style="list-style-type: none"> • RNs, RPNs and LPNs refer to organizational policy and practice in accordance with regulatory bodies.
HCA Roles & Responsibilities British Columbia & Yukon	<ul style="list-style-type: none"> • To provide basic nail care, the HCA must: <ul style="list-style-type: none"> ◦ Follow HA/agency policy/standards that supports their provision of basic nail care. ◦ Have the knowledge, skill, and ability to perform basic nail care. ◦ Follow a HA/agency approved nail care procedure for HCAs, (e.g., PNSWC's Basic Hand & Foot Nail Care – HCAs: Procedure). • In providing nail care, the responsibility of the HCA is to: <ul style="list-style-type: none"> ◦ Observe, prior to providing care, for any concern with the integrity of the skin or colour of the limb/nails, client voicing new or increasing numbness/tingling in their hands/fingers and/or feet/toes, and/or indicating (verbally or non-verbally) new or increasing pain in a limb. ◦ Perform nail care activities, (e.g., washing, trimming, filing, & moisturizing) as per client-specific care plan. ◦ Inform the responsible nurse of any concerns noted based on observation and/or during the provision of care. • Each HCA is responsible for maintaining their competency in basic nail care.
Education Requirements & Competencies	<ul style="list-style-type: none"> • Nurses: Prior to providing basic nail care or assigning/delegating nail care activity to an HCA, the nurse must have gained knowledge and competency either through their nursing program, a specialty FCN program or HA/agency-approved education, (e.g., PNSWC's Basic Hand & Foot Nail Care education requirements and competencies). • HCAs: Prior to accepting an assignment or delegation from a nurse for a nail care activity, the HCA must have gained knowledge and competency either through their HCA program or HA/agency-approved education, (e.g., PNSWC's Basic Hand & Foot Nail Care education requirements and competencies).

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Need to Know	<ul style="list-style-type: none"> • Basic nail care includes washing hands/feet, trimming nails with a thumb clipper and/or filing with an emery board as well as moisturizing. This care is part of basic personal care and promotes overall health. • Assessment of the finger and toenails is part of a Head-to-Toe skin check, see nail structure. • Clients who have diabetes/neuropathy or peripheral vascular disease are at risk of injuring the nail and surrounding skin due to poor circulation and/or decreased or loss of sensation in their feet. Clients living with mental health concerns, (e.g., depression) may also be at risk of nail and surrounding skin injury if they are unable to care for themselves. • Long and/or broken nails can contribute to scratches or skin tears. In-grown nails can cause pain and potential infection. • Filing nails is a safe way to manage nail growth, especially when trimming cannot be done due to client specific risk concerns, see page 3. • By consensus, the British Columbia Provincial Nursing Skin & Wound Committee has determined that soaking hands and feet prior to providing nail care is not to be done. Soaking causes the skin around the nail to swell which minimizes visualization of and the ability to feel for the nail edge which can lead to injury when trimming or filing.
Bookmarks	Nursing Assessment Determine Care Strategies Nursing Interventions; Client Education & Resources; Discharge Planning Client Clinical Outcomes Quality Assurance Indicators Documentation Definitions References/Bibliography Document Management
Related Documents (links to be added later)	QRG: Basic Hand & Foot Nail Care Strategies Procedure: Basic Hand & Foot Nail Care – Nurses Procedure: Basic Hand & Foot Nail Care – HCAs Flow Sheet: Basic Hand & Foot Nail Care Education Requirements & Competencies: Basic Hand & Foot Nail Care - Nurses Education Requirements & Competencies: Basic Hand & Foot Nail Care – HCAs Learning Module: Basic Hand & Foot Nail Care - Nurses Learning Module: Basic Hand & Foot Nail Care - HCAs

Assessment and Determination of Care Strategies

Nursing Assessment

When talking with the client and/or their family regarding the following, keep in mind the client/family's culture and traditions related to nail care, the concepts of Trauma Informed Practice and Indigenous Cultural Safety.

1. Assess current nail care and identify the following:
 - a. Client's current nail care schedule and routines for cleansing, trimming and/or filing, and moisturizing.
 - b. Who currently provides the client's nail care, (e.g., self-care, family, nail salon, FCN, podiatrist).
 - c. Client's self-care limitation(s) for doing nail care, (e.g., cognitive change, poor eyesight, inability to reach feet).
 - d. Type of nail care equipment used and its ability to be cleaned and disinfected.
 - e. Use of topical, (e.g., ointments, lotions, powders) over-the-counter and/or prescribed antifungals, antiseptics or antibiotics.
 - f. Use of oral medications for treatment of skin and nail conditions, (e.g., antifungals, antibiotics).
 - g. Issues that limit accessing nail care, foot care and/or footwear services, (e.g., cost of services, lack of transportation).
 - h. Client preferences and ability to engage in the care plan.

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2. Assess the client's history for risk factors which can lead to poor hand and/or foot nail health or presents a risk for using thumb clippers for trimming nails:
 - a. Underlying medical conditions:
 - Type 1/Type 2 Diabetes Mellitus or neuropathic conditions that lead to loss of protective sensation (LOPS) and/or autonomic or motor neuropathy.
 - Impaired tissue oxygenation and/or circulation, (e.g., heart failure, peripheral arterial disease, chronic obstructive pulmonary disease, liver or kidney disease or a history of smoking).
 - Immunosuppression medications, (e.g., chemotherapy or steroids) or autoimmune diseases, (e.g., lupus, scleroderma, psoriasis, eczema) which can increase the risk of infection.
 - Hormonal changes, (e.g., thyroid condition, pregnancy, or menopause) leading to nail changes.
 - Medical conditions, (e.g., hemophilia) or medications, (e.g., anticoagulants/platelet inhibitors) which lead to a risk of prolonged bleeding in event of an injury related to nail care.
 - b. Complex social issues leading to neglected hand/foot care.
 - c. Limited access to, or intake of, food/fluids leading to decreased nutritional support for nail growth.
 - d. Age-related changes such as splitting, brittle, ridged nails.
 - e. History of surgery leading to lymphedema, (e.g., mastectomy).
 - f. Thermal injury to hands and feet such as a burns or frostbite.
 - g. History of nail trauma.
 - h. Occupational risk such as exposure to solvents and chemicals that affect nail growth.
 - i. Use of hand or foot medical device(s) or surgical hardware that interfere with nail care, (e.g., casts, offloading devices).
 - j. Contractures of the fingers or toes causing inability to safely access the nail to provide care.
3. Assess lower and upper limbs using the following assessment parameters: skin and nail integrity, colour, warmth, sensation and movement.
4. Assess environment to ensure an emotionally and physically safe space for both client and care provider, consider:
 - Client privacy.
 - Stable, comfortable chair or surface for the client to sit or lie on.
 - For the care provider, a workspace that has good lighting and supports correct ergonomics (minimizes awkward or static positions). If needed, contact the HA/agency's Musculoskeletal Injury Prevention (MSIP) or Ergonomics team for additional information.
5. Determine if the necessary nail care equipment is available as per the procedure's (link) supply list.

Determine Care Strategies for Basic Hand & Foot Nail Care (link to Quick Reference Guide)

Use the findings of the client's risk factors and limb (lower and upper) assessments to determine the basic nail care plan and if needed, further investigation and/or referral. The following tables identify specific concerns and interventions to provide safe care and mitigate risk of injury.

Note: if foot concerns found, (e.g., callus, warts, athletes' foot, abnormal foot structure), refer to FCN / MRP.

Nail Findings of Concern	Interventions
<ul style="list-style-type: none"> • No free nail edge. 	Do not provide nail care until free edge is present.
<ul style="list-style-type: none"> • Nail fold or cuticle red/inflamed. • Ingrown. • Broken below free nail edge. • Detached (if missing, note finding). • Misshapen or thickened (thumb clipper cannot be used). • Discolouration, not the client's normal, (e.g., bruised). 	Develop a trim and/or file care plan for nails that are not of concern and have a free nail edge. Do not provide nail care to nail(s) that have a concern. If the concern is related to a: <ul style="list-style-type: none"> • Toenail, refer to FCN or MRP. • Fingernail, refer to MRP.

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Conditions of Concern	Interventions
Loss of Protective Sensation (LOPS), (e.g., new or increasing tingling/ numbness in toes/feet and/or fingers/hands).	<p>Develop a trim and/or file care plan for nails not of concern and have a free nail edge.</p> <p>Collaborate with team members to:</p> <ul style="list-style-type: none"> • If concern is noted in the lower limb, complete advanced lower limb assessment. • Inform MRP of presence of LOPS or increasing LOPS. • Refer to OT for protective footwear. <p>Re-evaluate the nail care plan once LOPS has been investigated.</p>
Edema noted in toes or fingers.	<p>Develop a trim and/or file care plan for nails not of concern and have a free nail edge.</p> <p>If edema is noted in toes: do nail care before the client mobilizes in the morning, edema in the feet should be less if the client has been in bed for the night.</p> <p>If edema is noted in fingers: elevate hands for a short period of time prior to doing nail care to decrease the edema.</p>
Risk of infection due to compromised immune system, (e.g., those with diabetes, lupus, rheumatoid arthritis, HIV/AIDS, or on chemotherapy).	<p>Develop a trim and/or file care plan for nails not of concern and have a free nail edge.</p> <p>Thoroughly wash hand and feet to remove as much surface bacteria as possible prior to trimming/ filing.</p> <p>When trimming, leave enough of a margin on the free nail edge to allow for filing; this minimizes the possibility of damaging the tip of the finger or toe, providing an access point for bacteria.</p>
Risk of prolonged bleeding, (e.g. on an anticoagulant or platelet inhibitor) or due to a condition, (e.g., hemophilia).	<p>Develop a trim and/or file care plan for nails not of concern and have a free nail edge.</p> <p>When trimming, leave enough of a margin on the free nail edge to allow for filing. This will also minimize the possibility of cutting the tissue at the tip of the finger or toe.</p> <p>Have supplies such as gauze and/or calcium sodium alginate, (e.g., Kaltostat) available during nail care to manage bleeding should it occur.</p>

Nursing Interventions

Principles for Providing Basic Nail Care

1. Regularly scheduled client-specific nail care contributes to holistic care, improving the client's physical, mental, social, and spiritual well-being. The care activities provide time for the care provider to listen and talk with the client, thereby building rapport and trust.
2. Do not soak nails prior to providing nail care.
 - Soaking (immersing the nails in basin, tub, or shower) causes the tissues around the nail to swell. This swelling makes it difficult to see the difference between the free nail edge and surrounding tissue, thereby increasing the risk of cutting the tissues. Plan to do nail care prior to a bath/shower. Do not soak hands or feet if a wound(s) is present.
3. Nail care includes the following tasks:
 - Washing fingers/toes.
 - Trimming nails with a thumb clipper.
 - Filing nails with an emery board.
 - Cleansing & moisturizing of hands and feet.

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Care Planning

1. Assess nails as part of a Head-to-Toe Skin Assessment daily in acute care and with bath/shower in long-term care and community.
2. Develop the nail care plan based on the assessment findings and the care strategies as per the tables above:
 - a. Address client concerns:
 - Incorporate client's preferences for nail care, (e.g., nail length) and for position during nail care, (e.g., in bed, sitting in a chair).
 - b. Determine client's nail care requirements:
 - Determine if nails are to be filed-only or trimmed and filed, see [page 3](#).
 - Plan to provide nail care separate from, or prior to, the client's shower/bath.
 - c. Establish a routine schedule for nail care:
 - Infant/children/adolescent nails may need to be trimmed and filed weekly.
 - Adult nails may need to be trimmed and filed or filed-only every 4 to 6 weeks based upon the client's nail growth and their preference for the length.
 - Determine a routine schedule for applying a HA approved moisturizer to hands and feet, (e.g., daily, or twice a day). Remove moisturizer from all finger and toe web spaces.
 - d. Consider special needs:
 - Provide distraction as required, to calm children or those with dementia, (e.g., music or a video).
 - Ensure client's footwear fits properly, (i.e., not tight, or loose). Ill-fitting footwear can cause falls and pressure/friction that contributes to ingrown nails or skin breakdown.
 - For hands and feet with contractures, use a gauze roll, cloth or foam to prevent the nails from coming into contact with the skin. Refer to OT as needed.
 - For excess moisture in the webbing of the fingers or toes, use of gauze or a moisture wicking material, such as, [DriGo-HP](#) or [PHMB gauze](#) weaved between fingers/toes. Note: gauze does not have great wicking potential and will need to be changed frequently.
 - e. Re-evaluate the nail care plan:
 - At the time of care, assess for any concerns; do not provide care for a nail or a limb that has a new concern.
 - Following provision of care, evaluate the care plan and revise as needed.
 - If there is a deterioration of the client's condition.
 - As per HA/agency standards, (e.g., quarterly interRAI LTCF or interRAI HC assessment).
 - f. Assignment and/or delegation of a nail care activity:
 - The nurse determines the appropriateness of assigning or delegating a basic nail care activity to an HCA based upon the findings of the basic limb & nail assessments (lower and upper) and the established care plan. Clients with the following concerns cannot have their nail care assigned or delegated to an HCA:
 - Diabetes.
 - Swollen feet (edema).
 - Compromised skin or nail integrity.
 - Prior to assigning/delegating the care the nurse must ensure the HCA has the competency (knowledge, skill, ability) as determined by HA/agency policy, to safely provide the care.
 - Prior to each nail care activity, the HCA must:
 - Observe toes/fingers for black 'scabs' or open areas.
 - Observe for changes in the colour of the limb from client's normal colour, (e.g., other limbs).
 - For the client who can respond, ask if they have new or increasing numbness or tingling in their feet/toes or hands/fingers.
 - Observe that each nail has a free nail edge.
 - Observe all nails for any broken below the free nail edge, detached or missing, ingrown, bruised.

If any of these concerns are noted, the HCA:

 - Does not provide nail care if there is a concern with the limb.
 - Does not provide nail care for a nail that has a concern.
 - Is responsible for reporting concerns to the nurse responsible for the overall care of the client.

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3. Set-up a safe environment in which to provide nail care:
 - a. The client must be on a stable chair/surface and in a position that is comfortable and easily maintained for the duration of nail care.
 - b. The care provider must have a space to provide care that ensure their safety.
 - c. Have adequate lighting to visualize the nails.
 - d. Ensure sufficient and uninterrupted time to do the procedure.
 - e. Ensure assistance is available in a timely manner to address complications if they arise.
4. Ensure the necessary client-specific equipment is available for nail care:
 - a. Emery boards: must not have cracked or splintered edges and have a good abrasive coating for a clean file.
 - b. Wooden manicure stick: must not have a cracked or splintered edge.
 - c. Reusable fingernail and toenail clippers: must be sharp enough to cut the nail cleanly.
5. Follow HA/agency's Infection Control Practices regarding the cleaning, disinfecting and storage of client-specific reusable basic nail care equipment.
6. Reassess nail care plan regularly to ensure it meets the client's needs. If nail care activity is assigned or delegated to an HCA, reassess appropriateness of the assignment/delegation as per HA/agency policy.
7. Plan for Basic Limb & Nail Assessments (lower and upper) to be done on a regular basis as per HA/agency policy.

Discharge/Transition of Care

When transitioning the client to another care setting, provide the receiving unit's staff with the hand/foot nail care plan and when the next nail care is scheduled.

Client Clinical Outcomes

The intended client clinical outcomes are to reflect the goals of the care and be developed in collaboration with the interprofessional team, the client and family.

1. Intended
 - a. Client's nails are at an appropriate length with smooth edges.
 - b. Client's nails, cuticles and surrounding skin are intact with no signs of infection.
 - c. Regular assessment of the foot ensures client's corns and/or callus, if present, are being addressed.
2. Unintended
 - a. Client develops a nail infection related to nail care.
 - b. Client's skin around nail is injured related to care provided.
 - c. Client develops a new or worsening corn or callus on their foot/toes.

Quality Assurance Indicators

The health authority or agency can use the following quality assurance indicators to ensure that the nail care interventions are in place:

1. Basic limb & nail assessments (both lower and upper) are completed, and a nail care plan has been developed and implemented.
2. Interventions are implemented to prevent nail and cuticle injury.
3. Interventions are implemented to prevent Infections related to nail care.
4. If skin breakdown occurs on the fingernail or toenail fold or cuticle, appropriate wound care strategies are implemented.

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Documentation

1. Document initial and ongoing basic limb & nail assessments (lower and upper), nail care plan, interventions provided, clinical outcomes, and care plan revisions as per HA/agency policy/standard.
 - Formats used for documenting the assessments are determined by the HA/agency, (e.g., electronic health record or paper version, (e.g., PNSWC's *Basic Lower Limb Assessment* and *Basic Upper Limb Assessment*).
2. Nursing documentation and HCA recording of nail care provided as per HA/agency policy, (e.g., [Basic Hand & Feet Nail Care Flowsheet](#)).
3. Document nail care education/instruction if provided to the client and/or family.
4. If there is an injury related to nail care, report the event in the Patient Safety Learning System as per HA/agency policy.

Definitions

Assigning: Occurs when the required task falls within the care of an unregulated care provider's role description and training, as defined by the employer or supervisor. The employer is responsible and accountable for developing role descriptions that clearly outline the tasks that can be assigned to an unregulated care provider in that agency or health authority⁴.

Client: generic term used to describe a recipient of care regardless of care setting; patient in the hospital, client in community; resident/person-in-care in long-term care.

Cleaning: Physical removal of foreign material, (e.g., dust, soil) and organic material, (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes, rather than kills, microorganisms and is accomplished with water, soap or detergents and mechanical action. Cleaning is performed before disinfection or sterilization.

Delegating: Under certain circumstances, a nurse may authorize to an unregulated care provider, such as an HCA, the performance of an activity primarily performed by nurses. The delegated activity is client-specific and may be either an aspect of practice or a restricted activity that is within the nurse's scope of practice³.

Disinfecting: Using a chemical agent e.g., chlorine bleach, hydrogen peroxide, to kill most disease-producing microorganisms. To ensure an effective disinfection, a thorough cleaning of the area is done before disinfecting.

Family: Family is one or more individuals who come together support the client. Family is 'who the client says their family is'.

FCN: Foot Care Nurse.

HA: Health Authority.

HCA: Health Care Assistants - care aides in acute and long-term care settings and community health workers in community.

LPN: Licensed Practical Nurse.

MRP: Most Responsible Provider.

Nail Growth (Physiology):

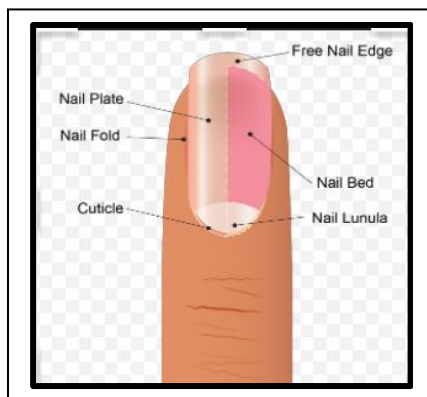
- Nails at birth are soft and flexible, with advancing age, may become flatter or concave, dry or brittle.
- Depending upon the client's health, nails normally grow 0.1 mm per day and 3.0 mm per month; it takes approximately 12-18 months to replace a nail completely.
- Nail growth is greatest between ages 10-14 and starts to decline after the age 20 but is very client-specific; therefore, trimming and filing schedules should be individualized:
 - Infant/children nails may need to be trimmed and filed weekly.
 - Adolescent nails may need to be trimmed and filed every week.
 - Adult/older adult nails may need to be trimmed/filed or filed-only every 4-6 weeks (or longer); schedule should be based upon their preference for the length of their nails.

Nail Structures (Anatomy):

- Nail plate: the hard part of the nail that sits on the nail bed. It is made of a translucent keratin (protein).

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- Nail bed: the vascular bed under the nail plate that provide nutrients to support the growth of the plate.
- Free nail edge: the part of the nail plate which extents beyond the tip of the finger or toe.
- Nail lunula: the white crescent-moon-shaped area at the base of the nail.
- Nail folds: the soft tissues that protect the lateral and proximal edges of the nail place.
- Nail cuticle: the semi-circular layers of dead skin cells that rim the nail lunula.



NSWOC: Nurse Specialized in Wound Ostomy & Continence.

PNSWC: Provincial Nursing Skin & Wound Committee.

RN: Registered Nurse.

RPN: Registered Psychiatric Nurse.

WC: Wound Clinician.

References/Bibliography

1. British Columbia College of Nurses & Midwives (BCCNM). (2025). Delegating to Unregulated Care Providers – Practice Standard for Nurse Practitioners, Registered Nurses and Registered Psychiatric Nurses. https://www.bccnm.ca/RN/PracticeStandards/Lists/GeneralResources/RN_PS_delegating.pdf
2. British Columbia College of Nurses and Midwives (BCCNM). (2025). Working with Health Care Assistants – Practice Standard for Licensed Practical Nurses. https://www.bccnm.ca/LPN/PracticeStandards/Lists/GeneralResources/LPN_PS_WorkingwithHealthCareAssistants.pdf
3. British Columbia Health Care Assistant Program Provincial Curriculum 2023. <https://opentextbc.ca/hcacurriculum/>
4. Centers for Disease Control and Prevention. (2024). *Nail hygiene*. https://www.cdc.gov/healthywater/hygiene/hand/nail_hygiene.html
5. Crowshoe, L., Dannenbaum, D., Green, M., Henderson, R., Hayward, M. N., & Toth, E. (2018). Type 2 diabetes and Indigenous Peoples. *Canadian Journal of Diabetes*, 42, S296-S306. doi: 10.1016/j.jcjd.2017.10.022
6. Diabetes Canada Clinical Practice Guidelines Expert Committee. (2018). Diabetes Canada clinical practice guidelines for the prevention and management of diabetes in Canada. *Canadian Journal of Diabetes*, 42(Suppl 1), S1-S325.
7. Elsevier (2026). https://point-of-care.elsevierperformancemanager.com/skills/600/quick-sheet?skillId=GN_14_5&virtualname=vancouvercoastalhealth
8. Frowen, P., O'Donnell, M., Lorimer, D., & Burrow, G. (2010). *Neale's disorders of the foot*. (8th ed.). Elsevier.
9. Health Link BC. (2023). *Caregiving: Fingernail Care*. <https://www.healthlinkbc.ca/healthwise/caregiving-fingernail-care>
10. Health Link BC. (2023). *Caregiving: Foot and Toenail care*. <https://www.healthlinkbc.ca/healthwise/caregiving-foot-and-toenail-care>.
11. Infection Prevention and Control Canada. (2024). *Position statement: Reprocessing of critical foot care devices*. (pp. 1-9). [24Sep23 Position Statement- RepocessingCriticalFootCare.pdf](https://www.infectionpreventionandcontrol.ca/24Sep23_Position_Statement-RepocessingCriticalFootCare.pdf).

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12. Lazenby, C. (2017). *Art & science of foot care: A clinical resource for nurses in Canada*. Foot Care Training Kingston.
13. Wounds Canada. (2019,). *Best practice recommendation for the prevention and management of diabetic foot ulcers*. . Retrieved from: www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/895-wc-bpr-prevention-andmanagement-of-diabetic-foot-ulcers-1573r1e-final/file.

Document Management

This guideline is based upon the best evidence-based information available at the time it was published and avoids opinion-based statements where possible. It was developed by the Provincial Nursing Skin & Wound Committee and has undergone provincial partner review.

Created By	British Columbia Provincial Nursing Skin & Wound Committee with collaboration with NSWOCs/WCs from across all health authorities.
Publication Date	2026 February
Revision Date(s)	
Update Date(s)	
HA Endorsement Dates	Yukon – 2026 February

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